

**CENTRAL NEW YORK PSYCHIATRIC CENTER
SEX OFFENDER TREATMENT PROGRAM**

**RESIDENT HANDBOOK
MAY 2019**

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CNYPC SOTP Resident Handbook

This handbook outlines general policies and procedures that are relevant to the residents at Central New York Psychiatric Center Sex Offender Treatment Program (SOTP). Residents and staff are encouraged to become familiar with the resident handbook. Residents and staff are also reminded that changes may be made to the resident handbook from time to time. When changes are made, written notification that changes have been made will be provided, along with a reminder that it is the resident's responsibility to review and become familiar with these changes. Current copies of the Resident Handbook will be kept on each unit.

THE MISSION OF SOTP

The Sex Offender Treatment Program (SOTP) provides assessment and treatment services in a secure setting to individuals who have been or are being evaluated for civil management under New York State's Sex Offender Management and Treatment Act (SOMTA). The goals of the SOTP are to assist residents to learn, practice, and internalize living skills, social behaviors, and vocational skills to assist them to live safely and productively within the larger community.

SOTP provides specialized services in the assessment and treatment of sexual deviance and personality disorders. The primary treatment modality is cognitive behavioral and is provided utilizing group and individual therapies. The guiding principle of treatment is to assist residents to develop the skills to lead a pro-social life thus, reducing the risk of future sexual offending. Treatment also focuses on assisting residents to improve their overall social functioning through structured vocational and recreational activities.

SOTP maintains a therapeutic milieu designed to provide services in a safe and secure environment that supports the recovery process.

PROGRAM OVERVIEW

The treatment staff, under the direction of the Deputy Director of SOTP, are committed to establishing a therapeutic community that supports personal growth and progress in treatment. A great deal can be gained by maintaining a positive focus on treatment. The amount of benefit received from the program is directly related to how much effort is put into it. If responsibility is accepted for one's own treatment, one will discover that the staff and resources available can help develop the skills and tools to function in society and to live a happier, healthier, and offense free life.

The CNYPC SOTP treatment community supports confidentiality of every resident of the program. As a resident of this community, it is expected that you maintain confidentiality of your peers. Disclosures that are discussed in groups stay in the group. Any information that residents may hear or read about another resident is to remain confidential. Treatment is delivered throughout the day including activities occurring on the living units. All units will receive the appropriate services designated for that unit.

Sex Offender Treatment Program Framework

The SOTP's overarching framework is grounded in the Risk-Need-Responsivity (RNR) Model. RNR emphasizes matching residents' risk for sexual recidivism to the level of services provided, targeting residents' dynamic research-based risk factors (i.e., treatment targets, criminogenic needs) in treatment, and maximizing residents' abilities to benefit from treatment by tailoring treatment to their learning styles, motivation, abilities, and strengths (i.e., responsivity needs). In keeping with these principles, the SOTP offers treatment interventions that are individualized, strength-based, and customized to residents' specific risk, criminogenic needs, and responsivity needs. In addition, the SOTP offers treatment for conditions that may enhance or challenge residents' ability to successfully transition to the community (stabilization needs). The three core RNR principles are applied in the SOTP as follows:

Risk: SOMTA requires that the SOTP serve offenders who are at the highest risk of sexual recidivism, considered dangerous, and likely to commit sex offenses if not confined to a Secure Treatment Facility (STF). Candidates for civil confinement are assessed to be at high-risk for sexual re-offense; the high-risk determination is based upon an evaluation of both static (historical) and dynamic (changeable) risk factors for sexual recidivism. The duration, type, and intensity of the treatment interventions provided in the SOTP are tailored to match the residents' overall risk and change in response to any fluctuations in the residents' dynamic risk factors.

Need: The SOTP primarily focuses interventions on those dynamic risk factors, also referred to as criminogenic needs, demonstrated by research to be associated with sexual offending or criminal recidivism. All offenders who enter the SOTP are clinically evaluated upon admission, and on an ongoing basis throughout the treatment process, to determine their specific criminogenic needs and the progress they have made in addressing those needs. Each resident's treatment regimen includes treatment goals and interventions targeting their individualized criminogenic needs. Such criminogenic needs may include any of the following: Sexual deviance, antisocial orientation, sexual and general self-regulation difficulties, poor treatment and supervision cooperation, intimacy deficits, and poor social supports.

Responsivity: The interventions provided at the SOTP are centered on the residents' needs and delivered in a manner that encourages motivation and builds upon existing strengths. The delivery of such interventions is tailored to the residents' learning style, level of participation, and emotional, psychological, and cognitive abilities. Tailoring treatment ensures residents derive the maximum therapeutic benefit from the treatment of their criminogenic needs.

Interventions targeting the residents' criminogenic needs occur throughout the SOTP in virtually every staff-resident contact. The program services offered include assessment, education/vocational training, pro-social skill development, didactic/psycho-educational therapy, behavioral therapy, process-oriented treatment, and re-entry planning.

A. **Assessment:** Building off the initial assessments conducted by the Risk Assessment and Record Review Unit within the Bureau of Sex Offender Evaluation and Treatment (BSOET), the SOTP conducts psychological tests at admission and at various points during the treatment process. Assessment is an important part of the program and provides data that helps identify the resident's criminogenic needs, appropriate treatment track, formulation/development of the resident's treatment goals/objectives and is a critical element in the measurement of treatment progress and readiness for transition to the community. Progress in treatment is reflected in the resident's Individualized Service Plan (ISP).

B. **Education/Vocational Training:** The SOTP provides educational and vocational programming that assist residents with the development of skills necessary for the successful transition to the community, to maintain a lower risk of recidivism, and lead pro-social lives. Common targets of programming include preparation for a General Equivalency Degree, literacy training, problem-solving, stress and time-management, employment readiness, and job skills.

C. **Didactic Therapy and Psycho-Education:** The SOTP provides an array of didactic and psycho-educational groups throughout the treatment process. When the resident is first admitted to the program he/she participates in programming to assist with becoming oriented to the treatment program; including providing him/her with the basic skills and language needed to fully engage in, and benefit from, the group process.

D. **Pro-Social Development:** The SOTP provides a number of interventions, opportunities, and planned activities specifically aimed at improving the residents' sense of community both within the secure treatment facility and post-discharge. Developing strong pro-social skills is critical for the residents to successfully reintegrate into the community live a healthy, safe, and productive life.

E. Behavioral Therapy: The SOTP provides interventions designed to reinforce pro-social behaviors and/or to habilitate new behaviors. Behavioral therapy is also used to extinguish or manage undesired behaviors. Behavioral therapy may be used to reinforce social skill development and habilitate other functional deficits (e.g., daily living skills) in residents with developmental disabilities and cognitive impairments. For those residents with deviant sexual arousal, behavioral therapy will be used in treatment to help them learn to manage deviant sexual urges, and in some cases, to help residents learn to recondition their sexual arousal pattern from deviant arousal to non-deviant arousal.

F. Process-Oriented Treatment: Depending on treatment track, residents will have the opportunity to participate in process-oriented group treatment. Process groups focus on helping the individual to examine personal issues as they relate to his criminogenic needs, individualized treatment goals, and treatment track goals.

Treatment Program Model for Secure Treatment Facility - Sex Offender Treatment Programs

The ultimate aim of the Bureau of Institutional Sex Offender Treatment (BISOT) programs is for each resident in secure treatment to work toward a reduction in risk for sexual recidivism so as to eventually secure a release to the community under Strict and Intensive Supervision and Treatment (SIST) where treatment under court-ordered supervision will continue. Factors that may impact residents' rate of progress in treatment include their level of overall risk for future offending, their risk-relevant treatment needs, the severity of these needs, their degree of treatment engagement, and their responsiveness to treatment. Treatment advancement is not time dependent and occurs in accordance with the pace of each individual's effort and effectiveness in making observable changes. It is recognized that release to the community may be appropriate at any point in treatment dependent upon resident's ability to demonstrate sufficient progress in addressing their individual treatment needs to a degree that they are no longer likely to be dangerous and to commit conduct constituting a sexual offense if not confined to a Secure Treatment Facility.

The BISOT programs are designed to foster residents' motivation to address their treatment needs in a manner aimed at reducing risk for sexual offense recidivism. The basic framework of treatment utilized within the programs adheres to the principles of Risk, Need and Responsivity (RNR), as well as the principles of the Trans-Theoretical Model of Change (TMC).

The three main RNR principles identify that: residents designated to a BISOT program have been determined to be high risk and a danger to the community; that residents have individual evidenced-based (criminogenic) needs that contribute to their heightened risk for sexual crimes; and that each of these evidenced-based needs must

be addressed sufficiently to reduce residents' risk for sexual offense recidivism to a degree where a safe release to the community is possible under SIST. Lastly, residents might also have special needs that effect their ability to respond to treatment (e.g. cognitive limitations, mental illness, psychopathy), and the BISOT programs must be designed to effectively address these specific responsivity issues.

In addition, the guiding principles of the TMC provide a structure for which to effectively gauge treatment progress for each resident, and supply treatment providers with benchmarks for determining programming placement. This model proposes that individuals move through a series of stages when making changes to problematic attitudes and behaviors, and that each successive stage marks an improvement in attitudes and behaviors. These five stages of change include pre-contemplation, contemplation, preparation, action and maintenance.

Residents are expected to work toward progressing in each Treatment Target area assessed as being tied to their specific risk for sexual recidivism and demonstrate an ability to maintain treatment gains. It is recognized that change is not always linear, and some residents may regress at times in their ability to maintain progress in specific areas of treatment need.

Each Secure Treatment Facility is staffed with multidisciplinary treatment teams that consist of professionals who provide comprehensive services and observation of program residents. These services include individual and group therapy, skills groups, vocational programming and direct care therapy aids to observe resident behaviors and guide and monitor the use of skills learned in treatment. The treatment environment is a holistic milieu aimed at monitoring and changing behaviors through the integration of individual treatment gains.

The treatment team will regularly assess residents' progression or regression in their specific Treatment Target areas and determinations of the impact of treatment progress on risk will be considered in making decisions about residents' readiness for the Community Preparation Program and for discharge to SIST. Specific goals and objectives take into account residents' overall Treatment Targets and how these are incorporated into residents' Individualized Service Plans (ISP) through collaboration between the residents and treatment teams. As described below, the goals and objectives in the ISP are designed to address residents' individual needs and incremental progress in addressing factors that affect each specific Treatment Target area.

Treatment Targets

The following is an outline of the global BISOT Treatment Targets. Treatment Targets include factors that have been found through research to be directly associated with sexual recidivism (criminogenic needs/dynamic risk factors), factors that are related to an individual's ability to benefit from treatment (responsivity needs), and factors that are related to an individual's overall stabilization (stabilization needs). Residents will be

assessed with regard to the current and historical evidence for each Treatment Target and progress that has been made to address this Treatment Target. This assessment will be incorporated into their ISPs.

Sexual Deviance

a. Deviant Sexual Interests/Arousal

Evidence of Paraphilic sexual interests, such as:

- Pedophilia
- Sexual Sadism
- Other Paraphilic Disorders (including Other Specified Paraphilic Disorders and Unspecified Paraphilic Disorders)

b. Sex Offense Supportive Attitudes/Thoughts/Beliefs

Attitudes, thoughts, or beliefs that support sexual offending; such as:

- Sexual conquest as a source of identity
- Viewing self as sexually irresistible and special
- Viewing sex as an entitlement
- Viewing others as sexual objects
- Believing children can make up their own mind about sex
- Viewing sex with children as love and/or not harmful
- Viewing sexual urges as not controllable

c. Deviant Sexual Behavior

Sexual behaviors that is abnormal or harmful to others; such as:

- Sex with children
- Sex with non-consenting persons
- Sexualized violence
- Public exposure
- Public masturbation
- Leering
- Stalking
- Peeping

d. Deviant Sexual Lifestyle

Evidence of lifestyle choices that support or place an individual at risk for sexual offending; such as:

- Engaging in frequent use of adult entertainment establishments, or using prostitution as a means to gratify sexual urges
- Possession/use of material that supports deviant interest/arousal
- Jobs/activities that place individual in contact with desired victims
- Grooming behaviors, or offense planning activities
- Obtaining employment or volunteering services that places one in proximity to their desired victim pool

Sexual Self-Regulationa. Sexual Preoccupation/Sex as Coping

Evidence of an abnormal psychological or lifestyle, focus on sex, a higher than normal sex drives, or use of sex as a means to regulate emotions or as a marker of one's identity. Examples include:

- Recurrent sexual thoughts and behaviors that interfere with daily functioning
- Frequent or exclusive engagement in casual or impersonal sex
- Self-reported difficulty controlling sexual impulses
- Excessive sex drive
- Excessive masturbation
- An abnormal number of lifetime sexual partners
- Engaging in consensual sex with other residents or inmates despite program rules prohibiting sexual contact
- Regular use of prostitution, massage parlors, strips clubs, phone sex
- Regular sex-oriented internet use (sexually explicit web sites, chat rooms)
- Frequent use of pornography or other material (i.e. child images) used for sexual gratification
- Life stress or difficult feelings trigger sexual thoughts or behavior (content may be deviant or non-deviant)
- Sexual thoughts/behavior in response to multiple life domains (e.g., work stress, family stress, interpersonal stress)
- Sexual expression to dissipate anger, humiliation, or frustration

Antisocialitya. Evidence of an Antisocial Orientation/Antisocial Personality Disorder/Psychopathy

This may include:

- Evidence of an antisocial orientation, despite meeting full criteria for Antisocial Personality Disorder (i.e. pervasive adult antisocial conduct)
- A diagnosis of Antisocial Personality Disorder
- Evidence of a moderate to high level of psychopathic traits

b. Evidence of Antisocial Attitudes, Thoughts, or Beliefs

This may include:

- A general and a pervasive disregard for others and social norms
- Callousness, a lack of empathy, or a lack of concern for others
- A lack of remorse or guilt for harming others
- A grandiose sense of worth, egocentrism, or a sense of entitlement

c. Evidence of Antisocial Behavior

This may include:

- Failing to conform to social norms, or engaging in rule-breaking behavior
- Acting according to own self-interest despite harm to others or knowledge of consequences to self or others

- Aggressiveness
- Deceitfulness
- Manipulation of others for antisocial purposes
- A reckless disregard for one's safety or the safety of others
- Consistent irresponsibility; failure to fulfill social obligations and responsibilities
- A parasitic lifestyle
- A lack of prosocial relationships (i.e. may have friends, associates, or acquaintances, but no stable, caring relationships)
- Callousness in social interactions, not just in interactions with victims

General Self-Regulation

a. Substance Abuse or Use That Contributes to, or Facilitates, Offending Behaviors

This may include:

- Abuse or dependence upon substances (e.g., alcohol, illegal drugs, prescription medication)
- Substance use is tied to sexual offending by reducing inhibitions or used to facilitate offending

b. Evidence of Impulsivity

This may include:

- Being easily swayed by opportunistic circumstances
- Engaging in behavior with a high likelihood of negative consequences
- Being easily bored, seeking thrills, or having little regard for personal safety or the safety of others
- Impulsive acts across a variety of settings, not just represented by history of sexual offending

c. Poor Problem-Solving Abilities

This may include:

- Difficulty accurately identifying and solving problems
- Proposing unrealistic solutions, or none at all
- An inability to choose appropriately between competing options (always takes the easiest option or the option with the most immediate pay off)
- A lack of long-term plans
- Failing to recognize the consequences of one's actions

d. Grievance Thinking or General Hostility

This may include:

- Presenting as having a "chip on one's shoulder" or holding a grudge against the world because of one's position in life
- Believing one is being victimized by the system, is hostile and is resentful
- Ruminating on negative events and feelings
- Dismissing and/or belittling helpful feedback

- Irrational feelings of persecution
- Feeling like the world owes one something
- Explosive expressions of emotion that dissipate quickly
- Excessive reactions, even if they are linked to valid grievances

e. Poor Management of One's Emotions

This may include:

- An inability to manage negative or positive emotional states associated with sexual offending in a healthy manner
- Poor emotion management may include “bottling” feelings, brooding, acting in a passive and submissive way only to explode at a later time
- Acting in an aggressive way
- Negative emotional states associated with sexual offending might include feelings of jealousy, loneliness, humiliation, rejection, inadequacy, or anger
- Positive emotional states associated with sexual offending might include feelings of excitement or anticipation
- Use of substances to avoid dealing with emotional issues

Intimacy

a. Lack of Emotionally Intimate and Appropriate Adult Relationships

This may include:

- A lack of intimate relationships with an appropriate adult partner lasting at least two years (while in the community)
- Intimate relationships with an appropriate adult partner that are not healthy or supportive regardless of length
- Intimate relationships that include conflicts (frequent arguments, abuse, infidelity)
- Parasitic relationships without emotional intimacy

b. Feelings of Social Rejection or Chronic Loneliness

This may include:

- Reports of chronic loneliness or feelings of social rejection
- A lack of emotionally close relationships with friends or family
- Having few or no social supports
- Poor skills in attracting or maintaining social relationships

c. Hostile Attitudes Regarding Women

This may include:

- Not considering women worthy of trust or respect
- An inability to form warm, constructive relationships with women
- Endorsing sexist attitudes
- A history of sexual or personal relationships with women that are adversarial and conflicted

d. Evidence of an Emotional Identification with Children (for Child Sexual Abusers)

This may include:

- Views that children are equals
- Feeling emotionally close to or intimate with children
- Feeling able to relate better to children than adults
- Behaving in a child-like manner
- Evidence of a child-oriented lifestyle

Cooperation with Treatment and Supervision

a. Problems Cooperating with Treatment or Legal Supervision

This may include:

- Working against treatment/supervision efforts (e.g., refusing to attend treatment groups or supervision appointments)
- Not taking treatment or supervision conditions seriously (e.g., refusing to abide by some or all conditions of treatment or supervision)
- Presenting as disengaged, just going through the motions, remaining silent and non-disclosing, or keeping secrets
- Attempts to manipulate treatment providers or supervising officers (i.e. lies, deceives, asks for special favors, plays people against one another)
- Not showing up for treatment or supervision, showing up at the wrong time, or showing up late for treatment or supervision appointments
- Engaging in conduct constituting a sexual offense while in treatment and/or under supervision

Prosocial Supports and Activities

a. A History of Poor Prosocial Supports

This may include:

- An absence of social supports
- Negative social influences
- A lack of awareness on the part of supports regarding one's sexually abusive behavior
- The belief that one did not sexually offend, or is not at any risk to sexually re-offend
- The failure of supports to take one's treatment needs seriously
- Supports not actively encouraging one's efforts to manage one's risk in the community

b. A Poor History of Prosocial Activities

This may include:

- Isolating and not engaging in pro-social activities
- Engaging in antisocial activities, with or without other persons

Treatment Responsivity/Stabilization

These are individual factors that impact learning and the resident's ability to benefit from treatment of his/her criminogenic needs. The assessment of such needs is the first step in developing the best strategies to address a resident's criminogenic needs. This ensures that residents derive the maximum therapeutic benefit from treatment. It is important to note that progress in addressing responsivity/stabilization needs does not directly impact a resident's risk of sexual recidivism, rather it assists a resident to become more amenable to treatment of his/her criminogenic needs so that the resident can more effectively address risk related needs. Responsivity or stabilization needs may include:

- Mental health instability
- Psychopathy/Antisocial Personality Disorder
- Cognitive/intellectual deficits
- Physical impairments (hearing/visual impairments)
- Denial
- Poor treatment motivation
- Poor social skills
- Victimization/trauma issues
- Poor self-esteem
- Cultural/religious issues

TMC Stages of change will be identified by the following:

1. Pre-Contemplation/Contemplation Stage

Residents in the Pre-Contemplation Stage of progress for a particular area of treatment need have been assessed as either not yet recognizing a need for, and/or lacking a motivation to change with regard to a specific target area. Residents in the Contemplation Stage have been assessed as recognizing a need for change with regard to a specific target area, but not yet making steps to do so. Lapses in behavior and attitudes with regard to the specific target area are noticeable, frequent, and may be severe while in both of these stages. The focus of treatment for individuals in these stages of change is to secure the resident's motivation for treatment, and to overcome resistance to change. To progress to Preparation Stage, a resident is expected to at least demonstrate that he/she is willing to attempt to make changes to his/her attitudes and behaviors.

2. Preparation Stage

Being in Preparation Stage of treatment progress in a specific Treatment Target indicates that the resident has begun the process of more actively addressing this specific risk factor. Residents in Preparation Stage will be introduced to skills that will assist them in managing the specific Treatment Target. Also, in this stage, residents are expected to begin practicing skills in

a manner that demonstrates they are learning new ways to address this Treatment Target. Residents in this stage are considered to be in a stage of progress where they have begun to show observable signs that they are making an effort to change but lapses in behavior are still noticeable and recurring.

3. Action Stage

Being in Action Stage of treatment progress in a specific Treatment Target indicates a need for continued monitoring of active skills application with regard to that Treatment Target. In this stage of progress residents will also begin to demonstrate objective evidence that they are more consistently and more independently applying skills they have learned in lower stages. Residents are expected to take a more active role in applying their skills without the prompting of staff and to work toward a more stable presentation of managing the specific Treatment Target. The overall goal of this stage is for the resident to be able to demonstrate consistent use of skills to effectively manage this area of risk within the secure setting. Residents' independent responsibilities may increase when they have demonstrated progress to Action Stage in relevant Treatment Targets and have shown consistent responsible usage of increased privileges over an extended period of time. Lapses may still occur but they are infrequent and not severe. Residents in Action Stage, in a specific Treatment Target, are generally considered to be in a stage of progress where they have demonstrated that they are capable of more consistently applying skills with infrequent and less severe lapses in their behavior with regard to this area of treatment need.

4. Maintenance Stage

Maintenance Stage of treatment progress in a Treatment Target area indicates that the resident has acquired and actively applied skills in this target area and is expected to be able to maintain all prior progress with regard to this area of need. Residents in this stage of treatment are expected to be able to maintain the skills they have learned and practiced in prior stages for a specific need area without lapsing into prior behavior and attitudinal patterns. Residents in this stage are considered to be in a stage of progress where the changes they have made are considered to be stable and extensive, with consistent maintenance of such changes over a considerable period of time.

TYPES OF TREATMENT GROUPS

The goal of all treatment groups is to help you reduce your risk of sexually reoffending. This is accomplished through therapy groups, rehabilitative groups and recreational groups.

These opportunities are evaluated and refined on a continuous basis. When participating in these groups, you are expected to take the programming seriously and apply yourself appropriately. Your attire and behavior should be appropriate for the specific activity.

PROCESS GROUPS

Depending on treatment track, process groups may be assigned to address member concerns about the treatment program and to address personal sexual offending issues. Process groups allow members to begin processing and working on acceptance of their problems, their need for treatment, and self-exploration. Members begin practicing self-disclosure, relationship and interpersonal skills as well as expressing their feelings in an appropriate manner and at an appropriate time. Examples of topics that may be discussed in process groups are treatment interfering behaviors, cognitive distortions, accepting that you have a significant problem, that you are responsible for your current situation and need help in order to get better, and the reality of your situation.

It is the group members who should be doing the work and bringing issues to the table, and the group facilitators who create a group culture that facilitates this work. Process group sessions will generally focus on a common topic or on the specific issues of one or more individual group members. The groups will generally follow the format of issue identification, discussion, and feedback. If the focus is a common topic, you are encouraged to tell of your experiences and feelings related to the topic. If the focus is on the issues of an individual, that individual has the “floor” and you should spend most of your time asking questions that help you to see the world through the eyes of the individual. Each group member will experience having the “floor” to discuss their issues with the group. Although sharing similar feelings, experiences, or struggles may be valuable; you should avoid selfishly shifting all of the groups’ attention to yourself. The process group is the place where you bring together all the information you have learned in other groups and apply it to your own issues or history. Process groups serve as the forum for members to apply what they are learning to their own unique circumstances.

CONTENT GROUPS

Content groups are psycho-educational, fact-based groups. The purpose of these groups is to provide information for skill development.

HEALTH GROUPS

Health groups are provided to assist you in maintaining your overall health. This includes prevention and treatment of illnesses and conditions and consideration of diet and nutrition. You are regularly scheduled for health and nutrition classes throughout your residency at CNYPC SOTP.

REHABILITATION GROUPS

Rehabilitation groups are social and vocational programs designed to complement your therapeutic groups by focusing on your ability to manage all your other daily affairs. This provides a holistic approach to your overall development and reinforces competency in aspects encountered in your day-to-day functioning. Through participation in these groups, you practice pro-social behaviors, expand your knowledge and refine the skills you use in everyday life. The rehabilitation department also provides opportunities to develop and practice work related skills through job opportunities.

THERAPUTIC RECREATION GROUPS

Therapeutic recreation groups occur on the treatment mall, in the activity center, in the yard and on the units. A variety of recreation and leisure groups are provided to assist you in maintaining physical activity, explore interests, practice appropriate socialization and exercise such cognitive functions as focus, attention and problem solving. Examples of therapeutic recreation activities are team sports, cardiovascular exercise, trivia games, card playing, art projects and movies.

SELF-HELP GROUPS

Self-help groups of various types are offered as an adjunct to other treatment groups. They are developed and offered for the purpose of assisting you to gain a better perspective of a specific aspect of your life. In Self-help groups, attendance is voluntary.

INDIVIDUAL SERVICE PLANNING AND ASSESSMENT

The CNYPC SOTP uses continuous quality improvement principles to assess and maximize services and programs provided. An initial Individual Service Plan (ISP) is developed and reviewed with the resident within seven days of admission. From the

time of admission, comprehensive assessment is continually completed. These assessments identify each resident's treatment needs which are used to modify your ISP in order to produce an individualized road map for your treatment. Thereafter, the resident's individual treatment needs are reviewed and reassessed through ISP review meetings at the predetermined timeframes of 30 days, 120 days and then every 180 days thereafter.

Residents have access to therapy and programming designed to progress them through the program and towards transition to the community. For those residents, who have been fully committed under Mental Hygiene Law Section 10.07(f), will have a court review yearly. There are many pre-final adjudications and they are not entitled to an annual court review. If discharge is recommended from program, a court petition for discharge or the imposition of strict and intensive supervision and treatment will be submitted.

Upon civil confinement, the resident is expected to participate in a comprehensive assessment process, as mentioned above, that will identify each resident's specific treatment needs, and determine placement in the appropriate treatment groups. Please see the program overview section above for further details about the treatment groups.

SOTP STAFF MEMBERS

All staff members in the SOTP are considered part of the treatment team and are expected to respond in a therapeutic, professional and respectful manner to residents. The treatment team meets regularly to make decisions about resident issues. All SOTP staff members are considered part of the treatment team. Below is a brief overview of the role of each staff member.

Primary Therapist:

The Primary Therapist is the contact person for resident concerns regarding the SOTP. They work with the treatment team to formulate the ISP, which is your road map to success. Your primary therapist is your liaison to the treatment team. Primary Therapist also conducts clinical treatment groups.

Nurse:

The Nurse administers medication and is the contact person when you are injured or need medical or psychiatric attention. Nurses also facilitate health teaching within the SOTP and provide medication education to residents.

Psychiatrist:

When clinically indicated, the psychiatrist determines the best medication for psychiatric symptoms that you may be experiencing and monitors therapeutic effect.

Psychologist:

The Psychologist, work with the treatment team to facilitate clinical treatment groups to assist you in developing healthier alternative behaviors and thinking to help you live the best life possible. Psychologists also provide psychological assessment to residents.

Treatment Team Leader:

The Treatment Team Leader (TTL) oversees the function of the Treatment Team and coordinates members of your team to provide the best possible care and treatment while you reside at the SOTP.

Medical Specialist:

The Medical Specialist oversees the treatment for chronic and acute physical ailments, as well as the treatment of physical injuries that occur.

Recreational Therapist:

The Recreational Therapist provides therapeutic activities through organized sports, physical activity including weight lifting, movies, games and arts and crafts.

Rehabilitation Counselor:

The Rehabilitation Counselor assesses daily life skills and vocational interests. They will facilitate groups on the treatment mall, which will provide you with an exposure to a variety of areas to develop your interests and abilities. Assist you in formulating vocational goals and strategies.

Secure Care Treatment Assistants 2's (S.C.T.A. 2's):

The SCTA2's supervises and manage SCTA1's and coordinates staffing for SOTP units and treatment areas.

Secure Care Treatment Assistants (S.C.T.A. 1's):

The SCTA 1's main responsibility is to foster a safe and therapeutic environment. SCTA 1's are here to assist you with any problems that might interfere with your resident life and treatment planning.

Nurse Administrator:

The Nurse Administrator supervises nursing staff.

RIGHT TO BE INFORMED REGARDING COURSE OF TREATMENT

Each resident is given the opportunity to participate in developing a personalized ISP. The resident will always be given a copy of the ISP, which describes their goals and objectives. Each goal is clearly stated and has measurable criteria for completion of that goal. A resident's progression through the program is marked by successful completion of each treatment goal.

POLICIES, PRACTICES, AND PROCEDURES (PPP) MANUAL

Each unit has a PPP manual that contains many SOTP policies and practice or procedural memos that have been written. These are available for residents to review. Please make that request to an SCTA1 staff person.

SAFETY IN THE PROGRAM

Resident and staff safety are of paramount importance. Physical violence perpetrated by residents on peers or staff is not tolerated and appropriate corrective and/or legal action will be taken. This action may include loss of privileges, restriction, updates to ISP to address aggressive behaviors, filing of a criminal complaint, or even possible return to prison. The ISP may be updated to assist the resident in engaging in prosocial behaviors.

TREATMENT GROUP RULES, PROCEDURES, AND EXPECTATIONS

1. **Attendance:** You are expected to know your group schedule, to arrive at all groups and activities on time, and to actively participate in groups. We do understand that transport can occasionally take more time than anticipated. You are to remain in your scheduled group until it is dismissed by the group facilitator. However, when the group time has come, energetic discussions will need to cease and will resume in the next group meeting. If you need to leave the room during the group, please make sure the facilitator is aware. Should a resident disrupt the treatment group to such an extent that the group cannot continue, that resident will be asked to leave the group by the facilitator. Any removal or unexcused absence from the group will result in a non-participation rating for that group session. Repeated unexcused absences or removals will be referred to the Treatment Team with the possible consequence of removal from the group for the remainder of the mall session.
2. **Participation:** It is through active participation that the treatment team is best able to measure progress. It is hoped that each resident will pay attention to the content of group and participate in a generally appropriate and meaningful manner. Attending but sitting silently, refusing to discuss the topic or failure to partake of the activity will not constitute full participation.
3. **Respect:** All group members and staff will be treated respectfully during group. Please remember that side talks and cross talking in group is disrespectful. Reacting to a dysfunctional behavior or perspective in a disapproving manner may occasionally occur but personal insults should never be used. Challenging beliefs and behaviors in an appropriate manner is not disrespectful when motivated by a desire to assist other group members in furthering their treatment.

4. **Appearance:** Grooming and appearance for Treatment Mall programming is a sign of your social functioning and attitude towards your groups. No shorts, sleeveless shirts, sandals or sunglasses may be worn during treatment group sessions. Close-toed shoes/sneakers are to be worn during treatment group sessions. Headphones are not to be worn during treatment or activity program transport.
5. **Behavior:** Appropriate, respectful behavior is expected at all times. An important part of treatment is to learn to talk about your feelings rather than acting them out. Disruptive, threatening or physical actions are not appropriate. Similarly, challenging or seeking to provoke others to engage in such behaviors is also not appropriate. If these behaviors occur, the group leader may ask you to leave the group and your treatment team will be notified. Maintaining a positive attitude about your treatment will help you both in your progress and when you return to the community.
6. **Confidentiality:** Confidentiality is important in maintain the integrity of the group. What is said during group remains in the group setting. Do not discuss group topics or situations with anyone who is not in the group. Breach in confidentiality will be addressed in group. Repeated incidents may result in removal from the group.
7. **Listening and Feedback:** Group members are encouraged to listen to others and be receptive to both positive and negative feedback. Being able to offer and accept feedback, which may be thought of as constructive criticism, is a crucial part of healthy social support systems. In all interactions, give the person speaking the courtesy to finish before commenting or asking questions.
8. **Documentation:** Facilitators must document your level of interaction in groups. Residents can expect the facilitator to document the quality and level of participation in groups.

Benefits of Participating in Treatment:

Examples of skills developed through group participation for future success for living in the community include: problem solving, examination of personal behaviors, interaction with others, goal planning and achievement, physical and emotional health maintenance and healthy life style.

VOCATIONAL REHABILITATION PROGRAM

Program Description

Residents of the SOTP will be given the opportunity to work and earn money through the Vocational Rehabilitation Program. To be eligible for the Vocational Rehabilitation Program, the resident must obtain a referral from their Primary Therapist, be assessed for the appropriateness of working and job placement and receive medical clearance.

Prior to commencement of any paid work, the resident will be required to produce documentation of their eligibility to work under Federal Guidelines. The resident worker will also participate in the Resident Worker Orientation.

Once placed in a position, supervisors of the resident worker will oversee and provide verbal and written feedback on performance of job duties and work behaviors. Vocational supervisors will also document work activities/progress in the resident's uniform case record. Vocational supervisors are also responsible for signing off on the resident worker's weekly timesheet.

Residents may be discontinued from the Vocational Rehabilitation Program for resident's lack of interest, inability to perform required tasks, or failure to fulfill or maintain expected work and pro-social behaviors.

Procedure for Referral and Placement

The resident's Primary Therapist completes vocational referral form and submits it to the treatment team for approval. The Treatment Team reviews the potential candidate for job placement.

- If the resident is approved for placement, the resident is scheduled for a Resident Worker Orientation.
- If the resident is not approved for placement, the resident is notified by a treatment team member about the reason for disapproval.

Referrals are submitted and tracked by the vocational program Rehabilitation Counselor.

Copies of the Resident's Birth Certificate and Social Security Card and picture identification or other acceptable proofs of eligibility to work are obtained and an I-9 is completed. Residents may request copies of these documents via the SOTP Copy Center procedure. Residents are responsible for payment of the document copies.

The Vocational Rehabilitation Program interviews the resident and completes a job placement assessment.

Resident Worker Orientation

Prior to beginning work, the resident worker will attend a Resident Worker Orientation that will include the following topics:

1. The Health Information Portability and Accountability Act (HIPAA)
2. Confidentiality
3. Review of the resident's job description and expected job duties
4. Review of guidelines to safely perform the work
5. Guidelines for Expected Work Behaviors
6. Performance Appraisal Process
7. Explanation of the Payroll Process

Documentation of Work Activities and Performance Assessments

Residents will be assigned a specific job placement, based on their expressed interests and a placement review by the Treatment Team. A CNYPC staff member will supervise the resident worker. The supervisor will oversee and provide verbal feedback on performance of job duties and work behaviors. Vocational supervisors also document work activities/progress in the resident's uniform case record. Vocational supervisors are also responsible for signing off on the resident worker's weekly timesheet prior to payment for work performed.

Within thirty days of placement, the Vocational Rehabilitation Program will perform an assessment of the resident's work behaviors and functional abilities to complete the job in which they are placed.

The resident worker's supervisor will also document written performance evaluations at regular intervals. The documentation will provide the resident worker with feedback regarding their quality of performance on work tasks, their work behaviors and note any areas of needed improvement, if necessary.

THE CNYPC SOTP CODE OF CONDUCT

It is an expectation of CNYPC SOTP that all residents and staff will treat others with respect, dignity, and fairness. To support these beliefs, the CNYPC SOTP uses a

system of natural and logical consequences; appropriate behavior ultimately will lead to increased levels of opportunities, while inappropriate behavior will lead to decreased levels of opportunities. Therefore, to assist residents in making progress, CNYPC SOTP has developed a behavioral Code of Conduct that all members of the SOTP community are expected to follow.

RIGHTS VERSUS PRIVILEGES

Rights and privileges are not the same. Each resident has legal, civil, and human rights that are thoroughly described in the handouts received upon admission. Privileges are opportunities that are provided or withdrawn based upon a variety of factors, including the resident's living unit, the resident's level of participation and effort in treatment, and the resident's demonstrated ability to enjoy the privileges appropriately and without misuse or abuse. Both rights and privileges may be limited based on safety needs and medical welfare.

Privileges may include recreational activities, leisure activities, vocational opportunities, or additional personal property. Privileges may be withdrawn for non-compliance with treatment programming, or failure to follow the code of conduct.

EXPECTED (PRO-SOCIAL) BEHAVIORS

It is expected that residents will behave toward others in a polite, civil and respectful manner, including:

Maintain health and safety

- Participate in daily hygiene
- Avoid placing others' health at risk from contact with any/all bodily fluids
- Flush toilet after use
- Dress appropriately for activities
- Wear ID badge (when applicable) around the neck with name and photo clearly visible during transport
- Refrain from roaming outside of designated areas
- No use of drugs, alcohol or tobacco
- No sharing of food
- Maintain a clean environment
- Hand washing at a minimum of 15 seconds

Display basic respect towards self and others

- Take turns
- Clean up after self
- Respect others' privacy and personal space
- Maintain appropriate voice volume
- Follow staff directions
- Properly secure personal items

Respect building, clothing, facility areas and furnishings

- Consume food/drinks in designated areas
- Only approved water bottles containing water are permitted off the living unit to be consumed in the Gym/Activity Center/Yard
- Dispose of trash/liquids properly
- Keep items posted on bulletin board available for others to view
- Sit in chairs
- Keep dormitory room tidy
- Affix dormitory decorations on designated placards or as approved
- Refrain from intentionally damaging or defacing state property (residents may be required to pay restitution for intentional damage)
- Use furnishings, mattress and linens as intended

Display appropriate manners and courtesies, in presence of, and during interaction with others

- Sit during meals
- Use good table manners
- Use appropriate titles and names when interacting with others
- Speak in turn and listen while others are speaking
- Refrain from loud and disruptive behavior
- Respect others opinions
- Do not use profanity

Respect other's diversity

- Use positive remarks and statements towards others
- Refrain from negative, racial, ethnic and cultural remarks

Avoid potential conflicts

- Resident are not allowed in other resident's dorm room
- No sexual contact with others
- No horseplay
- Share choice of TV/video programs and maintain appropriate volumes
- Avoid congregating in hallways
- Respect and refrain from taking or accepting possessions of others
- Verbal threats, bullying, threatening behavior or physical violence are prohibited

Maintain appropriate community contact

- Respect orders of protection
- Avoid contact with prior victims, current or former staff
- Others not approved by the treatment team and the Department of Correctional Services and Community Supervision, if applicable

Engage in treatment

- Follow unit schedule and program times
- Be responsible for attending treatment groups, appointments, ISP meetings medication administration times, and other activities

TREATMENT INTERFERING BEHAVIORS

Residents who engage in treatment interfering behaviors may experience a loss of privileges and other consequences. The extent of the consequences for a treatment interfering behavior is based on the damage done, the potential dangerousness of the behavior, and whether the resident has engaged in similar behaviors in the past. The consequences may include activities to correct the behavior, restriction from a specific area, the loss of a privilege or a reduction in a stage of treatment. If a law is broken, the police will be informed, and criminal charges may be filed.

Residents should be aware that engaging in assault, possessing drugs, or violating any laws might result in the filing of criminal charges. Assault on a SOTP employee may result in a felony.

Treatment Interfering Behaviors and Activities include but are not limited to:

1. **Abusive language/behavior.** Use of profanity directed at a person, insulting/demeaning language, degrading comments of any kind, or verbal threats are examples of abusive language. Gestures related to gang activity, raising the middle finger towards another person, shaking a fist at another person, or violating the personal space of another person in an attempt to intimidate are examples of abusive behavior. Abusive language/behavior includes not just verbal comments and non-verbal gestures, but also includes written statements or communications.
2. **Assault.** Assault includes any intentional act that attempts or results in injures or pain to another person or threatens the safety of another person. Using weapons or causing serious harm to another person is a criminal offense. Temporary restriction may be imposed prior to treatment team review based on safety and security concerns. The treatment team will review at the next treatment team meeting.

3. **Body Altering/Self-mutilation.** Tattooing, piercing, or engaging in any other form of self-mutilation is in violation of the Code of Conduct.
4. **Boundary violations.** This category includes emotional, personal and physical boundaries of others. Examples of boundary violations include but are not limited to: addressing others by terms of endearment (such as honey, sweetie, etc.), calling staff by nick-names, or pet names, making flirtatious or sexual comments to staff. Asking personal questions, attempting to give gifts or personal cards/letters, obtaining or attempting to obtain home phone numbers or addresses, obtaining or attempting to obtain any personal information about others.

SOTP continues to adapt best practices in the care and treatment of residents while preparing them for an eventual return to the community. The “no contact” SOTP approach is being modified to allow customary handshake greeting for staff with residents and for resident with resident as appropriate to the situation. Additionally, staff contact with residents also includes provision of medical care contact as required. Staff needs to provide assistance for residents in safety and security devices when residents are entering and exiting the transport van and in situations where their safety may be compromised such as on an icy surface or encountering stairs.

When SOTP opened, a decision was made that all residents and staff would be called by their last names and titles. This was an attempt to reinforce boundaries and foster appropriate behavior; however, there is no research or clinical support for this practice. People who wish to violate boundaries will violate boundaries, regardless of what they are called or call others. Calling people by their preferred name is common practice in the community.

Residents will be allowed to call each other by whatever name they feel most comfortable. Staff will also call residents by their preferred name. First names are acceptable. Aliases and offensive nicknames are not acceptable. In all documentation we will continue to use the resident’s title and last name.

5. **Conspiracy.** Residents who join together to plan to break CNYPC SOTP rules are acting in conspiracy. Each resident involved in planning to break the rules will be considered to have engaged in a conspiracy, even if that resident did not actually break the rule himself.
6. **Contraband.** Residents shall not have in their personal possession, or in their room or common area, any item, altered item or substance that is prohibited by CNYPC SOTP rules and regulations. Any item that is illegal, or is considered to

be mood altering, or is a privilege of a treatment higher than their current level is prohibited. Possession includes the actual presence of the item or the detection of the item by urinalysis, blood sample, or other accepted method. Refusal to comply with a request for a urine or blood sample will be treated as an admission of guilt and will be dealt with as such. Any resident who “holds” such items for another are also considered to have violated this rule as is the individual(s) for whom they are “holding” the contraband. Any item used for trading or bartering is considered contraband. Any contraband discovered will be dealt with according to policy.

7. **Escape or attempted escape.** Residents shall not leave or try to leave the CNYPC SOTP without staff approval, nor may they leave or try to leave the custody of staff. Residents shall not help another resident try to escape. Damage to any external door or any fence will be considered an escape attempt.
8. **Extortion.** Residents who try to force another person to do something against the other person’s will through ‘strong arming’, blackmail, or threats toward that person or their family or property are committing extortion. Accepting gifts or currency from peers is strictly prohibited.
9. **Fraudulent misrepresentation/lying to staff.** The SOTP treatment program is designed to help residents develop more pro-social skills. As a result, it is expected that residents will be honest and forthcoming to SOTP staff, parole officers, clergy, volunteers or others either verbally or in writing. This also includes filling out forms with misleading or untrue information. It may include transactions that are misleading or grossly unfair to the other person.
10. **Inappropriate attire.** Clothing should be appropriate for the weather/season and cover the body so as not to offend staff or other residents. Wearing pajamas in the day room, going without a shirt in the day room allowing underwear to be seen, and wearing t-shirts that are revealing are examples of inappropriate attire. No attire associated with gang affiliation. Refer to Property Grid for appropriate attire.
11. **Inappropriate Communication.** Contacting or attempting to contact a victim or current/former employee. Residents are prohibited from any contact or attempt to contact a victim or current/former employee, current/former resident and their families by phone, through other individuals, by mail, or any other means. Using another resident or staff member to pass written or oral information to another (or third) resident, attorney, family member, acquaintance or other are considered

inappropriate means of communicating. Residents communicating treatment needs to a staff member via another staff member is not prohibited.

12. **Inciting to riot.** Residents shall not engage in behavior intended to provoke another resident into aggressive actions.
13. **Interference with staff duties.** Residents should refrain from impeding or attempting to impede any staff member(s) who is attempting to complete an assigned duty. This includes, but is not limited to, such behavior as blocking a staff member's efforts to search a room, blocking staff from responding to an emergency or to scan mail for possible contraband, and resident dropping red phone.
14. **Making of, possession of, or use of intoxicants.** It is the philosophy of the SOTP that the use or possession of any item that has an intoxicating effect is counter therapeutic. This includes not using medication as prescribed. "Use" and "possession" includes eating, drinking, inhaling or injecting intoxicating or illicit substances. If a person acts intoxicated, staff will investigate and may request a urine specimen or blood sample.
15. **Manipulating Others.** Being deceitful or using inappropriate actions in an attempt to obtain a desired result is manipulation.
16. **Misuse of Telephone Privileges.** Misuse includes, but is not limited to, remaining on the phone for extended periods of time without authorization, making harassing or unwanted telephone calls to others, using the phones for reasons other than intended (such as pretending to be a company, etc.), or any other type of deception. Calling any type of sexually explicit or dating service is misuse of phone privilege, sharing your card number with peers or using another's card number is not allowed.
17. **Obstructing windows and doors.** Putting anything in front of windows that would in any way obstruct others' ability to easily look through the window of the dorm door including furniture blocking staff view, is a violation of the code of conduct. Residents should refrain from putting anything in front of or under doors that would in any way obstruct others' ability to freely pass into or out of that passageway or would in any way inhibit full movement of that door.
18. **Pornography.** Residents of the SOTP are not allowed to possess pictures that depict humans or animals in an erotic, objectified, degrading, sexually explicit or

fragmented way. Any materials used in deviant sex fantasies and/or for deviant sexual purposes are also considered pornography.

19. **Possessing and/or Fashioning a Weapon.** Residents of the SOTP are prohibited from being in the possession of any item that has the capacity to injure another individual if used as a weapon. This includes items that are altered with the capacity to be used as a weapon.
20. **Property destruction, damage, alteration or theft.** Residents shall not destroy damage, steal, tamper with, or physically alter any property that does not belong to them. Doing so is considered property damage. Resident may be responsible for the cost of repair or replacement for property damaged or destroyed by them.
21. **Refusal to follow directions, orders, or facility policies/procedures.**
Residents are asked to follow verbal or written directions from staff and comply with all policies and procedures of CNYPC SOTP. When two or more directions or orders are given, the most recent one must be followed. Examples include failing to comply with assigned restrictions and continuing to ask staff a question after being directed to stop.
22. **Resisting placement.** Residents are expected to go to the unit or other specified area when directed to do so by staff.
23. **Riot.** SOTP residents are not permitted to riot, which includes any time two or more residents are together and cause a disturbance that results in disruption, destruction or violence.
24. **Sexual behavior.** Residents may not have any type of sexual contact with another person or engage in any other prohibited sexual behavior. Prohibited sexual behavior includes exposing intimate parts to others, exposing one's underwear to others, masturbating in public or at times when there is anticipated staff contact (such as regular rounds), masturbating over clothing, making sexual gestures, or making sexual comments. Residents may not lie or sit together on the same bed. Residents may not bump into or brush against others. Residents may not engage in horseplay. Residents may not give or receive massages. Residents should not be in other than their assigned door rooms.
25. **Smoking.** Smoking or any other use of tobacco products is not allowed. Cigarettes or any other nicotine delivery system not prescribed is prohibited. As per policy, smoking or any other use of tobacco products is prohibited in the SOTP program. CNYPC is a "tobacco free" facility.

26. **Smuggling.** Residents shall not bring into CNYPC SOTP or grounds or move through CNYPC SOTP any item or substance that is prohibited by CNYPC SOTP rules and regulations, is illegal, or is considered to be mood altering. Smuggling weapons and drugs are criminal offenses.
27. **Tampering with security devices.** Residents shall not tamper with CNYPC SOTP security equipment. This includes, but is not limited to, doors, telephones, intercoms, cameras, alarm mechanisms, fences, two-way radios or restraining devices such as cuffs. Such attempts shall be considered an attempt to commit a crime. Residents who tamper with facility safety equipment may incur a fee from their personal fund account.
28. **Threatening others.** Residents shall not threaten others verbally, in writing, or by gestures or posture. Implying any intention to hurt another is a threat.
29. **Unit disruption.** Residents will refrain from not disturbing the unit by fighting, horseplay, making excessive or unpleasant noise, taunting others or engaging in other activities that cause a disturbance on the unit. Behavior which interferes with another resident's ability to participate in the program or with the staff's ability to carry out the program or their duties is also considered a disruption. Disruptions in any public area will be handled by removing the individual from that area.
30. **Unsanitary Conditions.** Residents are expected to shower and change clothing regularly for good health. Showers are offered in accordance with the daily unit schedule. Not keeping yourself, your room, and other common areas clean is unsanitary. Residents are encouraged use regular hygiene procedures at all times, including controlling and/or cleaning their own bodily fluids from public areas and refraining from touching or removing items from waste containers. Bloody fluids are considered hazardous waste and will be contained according to CNYPC guidelines.
31. **Visitation misconduct.** Misconduct during any visit (See Visitation Rules) may result in the termination of a visit and loss of privileges.

RESIDENT CONCERNS/COMPLAINTS

Resident may submit a complaint in the following ways:

1. Write a letter to any of the following
 - CNYPC Staff

- CNYPC Executive Director
 - CNYPC Risk Management
 - OMH Customer Relations
 - Mental Hygiene Legal Services
2. Place a phone call to any of the following:
 - Mental Hygiene Legal Services
 - OMH Customer Relations
 - Advocacy groups
 - Family members or personal advocates may contact CNYPC staff by phone
 3. Register the complaint verbally via staff or personal advocate.

RESIDENT LIAISON COMMITTEE

The SOTP Resident Liaison Committee was developed to improve communication, to ensure that resident's community experiences are heard by administration, and to help improve the overall functioning of the SOTP. The committee consists of one resident from each unit who is elected by his peers to represent his living unit by serving as a spokesperson to the program administration. The person with the second-highest number of votes will serve as the elected Liaison's replacement if for any reason the elected person cannot fulfill his responsibilities or is unable to attend a meeting. Elections will occur every 180 days or as needed. The election process will be initiated during the first week of the summer and winter mall semesters. Any given individual can only be re-elected one time. The Committee meets once per month.

SEARCHES

As per policy, CNYPC SOTP staff may perform routine searches of residents: (1) any time the resident leaves the secure perimeter; (2) any time the resident has physical access to a visitor, (3) upon leaving specific work details, or (4) based on reasonable suspicion or probable cause that the resident has contraband. Furthermore, random, routine searches of residents' bedrooms and personal property to screen for contraband, inappropriate materials, or breaches in safety and security may be conducted. Electronic/video surveillance equipment is used in accordance with facility policies and procedures.

RESIDENT REQUESTS FOR MEETINGS WITH A STAFF MEMBER

Residents who wish to meet with a member of the treatment team (in a non-emergency) should complete a Resident Request for Staff Meeting Form. The completed form must be put in the mailbox on the living unit. The treatment team will forward it to the appropriate staff member. In an emergency, the resident should make their request verbally to the unit SCTA staff.

DRESS CODE

All residents must be fully and appropriately dressed, including socks (when appropriate), footwear, shirt, shorts and pants when outside their bedrooms. The wearing of pajamas or lounge wear is not allowed outside of bedrooms. Sleeveless shirts, slippers, and shower shoes are not permitted off the living unit. In all disputed cases, the Treatment Team will make the final determination of what is appropriate.

- Clothing must cover all private areas of the body including the buttocks, genitals, and chest.
- When shorts are appropriate to be worn, they will be knee length.
- No clothing will be permitted that bears sexually oriented, drug or alcohol related, racist, or inflammatory slogans or pictures.
- No shorts will be worn on the treatment mall during non-recreational mall activities.
- Underwear and clothing will be worn at all times when outside of the individual's room and inside that room if the resident has a roommate.
- No steel or otherwise reinforced shank footwear is allowed.
- No camouflage clothing.
- No leather clothing with the exception of footwear, approved work out gloves.
- No gang signs, or gang representations, or gang-styled clothing is allowed. Shirts and other clothing will be worn as designed; for example, underwear worn completely inside outer pants.
- CNYPC SOTP reserves the right to make amendments to this list at any time. Residents will be informed in advance of any changes.
- For approved female clothing, refer to OMH Policy for Assessment of Gender Dysphoria

LAUNDRY

A Laundry Program is in operation which allows a resident to have their personal clothing washed, dried, and folded. Personal clothing has been identified as garments purchased by a resident's family and/or clothing item(s) purchased by the resident.

Labels are required for resident clothing. The labels are supplied and attached to the resident's clothing by the facility. Each label contains the resident's name. If a garment(s) is not labeled the individual runs the risk of the item(s) being lost. If the garments/items were not labeled or the label was removed and said items are lost or stolen, the facility (CNYPC) will not be responsible for the replacement of or reimbursement of said items. This laundry service is made available to each resident

once1x per week on the individual's scheduled day. Each resident will be provided a scheduled day for laundry.

We do not recommend dry-clean only garments. If a resident sends a “dry-clean” only garment to the laundry program the laundry program is not responsible.

All garments sent to the laundry must and will be dried. The facility does not allow wet or damp items to be hung in a resident's room or in any other location in the facility.

HOUSEKEEPING

Residents are expected to maintain their personal living areas in an acceptable manner. Rooms will be cleaned during resident room time. Residents will be allowed to clean own rooms during day room hours. An acceptable room includes:

- Bed made.
- Clothing and belongings appropriately stored.
- Furniture and shelves dusted.
- Posters, pictures, and other pre-approved items displayed as outlined in facility policy.
- Room conforming to fire codes (no cardboard boxes, paper bags or unapproved tape on walls, etc.).
- Items stored according to policy.
- Religious items displayed according to policy.
- No contraband items.
- Factory sealed food may be stored in 12-quart commissary bin only.

Residents are also expected to keep the community areas clean and orderly. Residents are expected to pick up after themselves throughout the day, including throwing away any trash and not leaving personal items in community areas. Environmental services scheduled floor maintenance is completed on a routine basis. Residents are expected to cooperate with this schedule.

JEWELRY

The CNYPC SOTP reserves the right to prohibit certain types of jewelry that may pose a safety and security concern. Jewelry parameters are further described in stage privileging guidelines per the property grid.

MEALS

Approximate meal times will be posted on the living units. A nutritionist is available for residents as needed or appropriate, to address individualized nutritional needs and concerns.

- Food is served on trays. Each resident is permitted only the item(s) that are specifically identified as that resident's meal. Residents are responsible for checking their food trays prior to leaving the counter.
- Meals will be eaten in the dining room area.
- Factory sealed goods, fresh fruit, including condiments, may be taken out of the dining area.
- Silverware counts will be done before and after each meal.
- Residents on therapeutic diets are advised to take the foods served as part of the diet. Residents choosing to eat foods other than those prescribed for their special diet will have this documented in their chart.
- Residents may not trade, take, give away or ask other residents for food.

MEDIA GUIDELINES

1. Television

- a) Those who choose not to view a program may go to approved areas elsewhere in the dayroom to occupy themselves in other activities or view their personal television.
- b) Decisions of program choice are made by the resident community based on consensus. Residents are not permitted to view TV content on any channel which is determined by SOTP staff to be counter-therapeutic due to excessive vulgar language, explicit sexual content, excessive or gratuitous violence, the debasement of women, the encouragement of drug use, or the promotion of anti-social values. Other programs which are not permitted include those whose primary target audience is children or those whose characters are primarily children. No music videos are allowed to be watched on any channel.
- c) No external communication devices (i.e. those which can provide Internet Access) are allowed at any time within CNYPC.

2. Movies/DVD/Video Games

- a) The SOTP permits residents to view movies/DVDs during days/times determined by SOTP staff. DVDs are not to be brought in by residents' visitors. DVDs may be accessed only via the CNYPC Recreation Department or via the facility's DVD library.
- b) Staff or visitors shall not bring in personal DVDs for resident viewing.

- c) Residents may purchase and donate DVDs/Video Games from any retail vendor. Residents are required to fill out donation form to submit for addition to the SOTP DV/Video Game library through the Recreation Therapy department. Donation forms are available upon request. Once donated it becomes the property of CNYPC SOTP DVD/Video Game library. DVDs/Video Games must have the factory seal with the retailer's address label affixed to the package. A receipt or invoice must also be enclosed. The Treatment Team must approve all DVD/Video Game purchases.
- d) DVDs/Video Games shall not be permitted wherein the primary target audience is children or those whose characters are primarily children. Content must be appropriate, and will be subject to Treatment Team review, must not be counter – therapeutic, and will be reviewed the SOTP Media Committee 1x monthly.

3. Music

- a) The SOTP permits residents to possess or purchase a personal radio and/or headset, MP3 player and clock radio per the property grid guidelines. These devices must have the factory seal with the approved retailer's address label affixed. Radios with the capacity to store or record media are not allowed. A receipt or invoice must also be enclosed. These items will be engraved.
- b) Residents are not permitted to play music content (via radio broadcasting) which is determined by SOTP staff to be counter-therapeutic due to excessive vulgar language, explicit sexual content, excessive or gratuitous violence, the glamorization of violence, the debasement of women, the encouragement of drug use, or the promotion of anti-social values. Other music content which is not permitted includes those, which are sung by children and whose primary target audience is children.

4. Printed Media - Books

- a) Books shall not be pornographic or be counter-therapeutic due to excessive vulgar language, explicit sexual content, excessive or gratuitous violence, the encouragement of drug use, the debasement of women, or the promotion of anti-social values (See Pornography Policy). Any book out of compliance must be sent to the resident's family at the resident's expense or destroyed.

- b) As it is impractical for staff to review all such books for prohibited content, it shall be the responsibility of the resident to comply with the above.
- c) Residents may donate appropriate books to the SOTP Library through the Recreation Dept.

5. Printed Media – Periodicals (Magazines, Newspapers)

SOTP guidelines regarding periodicals are as follows:

- a) Magazines shall not be pornographic (as defined in the Pornography Policy) nor be counter-therapeutic due to excessive vulgar language, explicit sexual content, depictions of excessive or gratuitous violence, the debasement of women/men, the encouragement of drug use or the promotion of anti-social values. Periodicals shall not be permitted in those cases whereby the primary target audience is children or whose subjects are primarily children or depicts children in a sexualized manner. Magazines and periodicals must come from the original source.
- b) Additional magazines or newspapers other than those currently available may be selected from the SOTP “approved list” of such periodicals. Residents may make additional requests to the SOTP Media Committee for review and consideration to be placed on the “approved” medial list. The SOTP Media Committee meets 1x monthly.
- c) A list of “approved” and “disapproved” periodicals is posted on all living units.
- d) Any periodicals received via an unapproved means or on the disapproved list and in the resident’s possession will be considered contraband.
- e) Neither staff nor residents are allowed to have local newspapers published within a 65-mile radius of CNYPC on the SOTP unit.

PHOTOS

Residents are allowed to keep photo albums with appropriate photos.

- Residents may not possess photographs or other images of their victims.
- No pictures of children are allowed without treatment team approval.
- Residents may have photographs of adult family members or friends. However, residents may not have photographs of individuals who match their victim’s age or gender characteristics. Residents with such photographs will have those

images confiscated and they will be sent to the resident's family or destroyed, based on the resident's preference.

- Photos considered counter-therapeutic are not allowed.

VISITATION

Visits are usually scheduled during the following times:

- Each Saturday and Sunday from 9:45 am to 2:45 pm in Building 41 and Building 39 each Saturday and First Sunday of the month. Some major holidays are also allowed visiting days. Please inform your visitors that they must call CNYPC to confirm if the holiday is an SOTP visitation day. Special accommodations may be made under certain circumstances approved by the Treatment Team.
- **Visitors arriving after 2:00 pm will be turned away.**
- SOTP residents must fill out a Visitor Contact Consent Form for each visitor requested. All visitors must complete a visitor screening form prior to approval. Upon approval the visitor will receive visit guidelines and correspondence and package regulations prior to their first visit.
- Residents with a history of offenses against children may, upon this review and approval, visit with their own children, provided their children are not victims of the resident. Once a child visitor is approved a minimum of 7-day notice is required for each time that child visits.
- All visitors under the age of 18 must be reviewed and approved by the Treatment Team in consultation with SOTP Director. **Visits with children require Treatment Team approval and 7-day prior notice.** All child visits occur in a designated area separate from other visits.
- Visits and visitors must comply with any parole conditions specific to the given resident. Residents will not be allowed to visit with any individual for whom there is an order of protection on file that prohibits contact.
- Visitors who bring contraband into the facility will have visits restricted. The Treatment Team, Safety Department and Chief of Mental Health Treatment Services will review the safety and security regarding visitor's reinstatement for visits. Visitors may appeal the restrictions at any time.

Victims of residents (including those who are family members) are not allowed to visit. On some occasions, such contact may be conducted under clinical supervision and only following Treatment Team review and approval and integration into the resident's ISP.

- No more than three visitors will be allowed to visit a resident at one time. However, more restrictive limitations regarding this number permitted may be determined based on clinical factors.
- Visitors may visit with only the resident with whom they had previously arranged visitation.
- All visits are to be supervised by staff.
- Visits will be accommodated for a reasonable duration (the maximum being the parameters of designated visiting hours on a particular day), but duration may be shortened due to administrative reasons.
- Residents determined to be imminently dangerous to them or others may not be allowed to have visitors. This determination will be made by the Treatment Team, Psychiatrist and/or Medical Officer on Duty (MOD) on the day of the scheduled visit. Should a visitor arrive when a resident is too dangerous for a visit, the visitor will be asked to return at a later date. Confidentiality will not be compromised when explaining the situation to the visitor. The resident will be informed that the visitor attempted to visit. The circumstances, in which a resident is not allowed visitors, must be well documented in the medical record. A physician's order is required in the resident's chart restricting the visit.
- All residents will be searched before and after visit.

TYPEWRITERS

Typewriters are available on each unit for the use of all residents. One (1) ink cartridge and correction ribbon will be provided to each unit by the facility no more than every two weeks. Please be respectful and courteous when sharing typewriter use with your peers.

RESIDENT PHONE CALLS

It is the policy of Central New York Psychiatric Center (CNYPC) to encourage and support residents and to maintain positive relationships with supportive family members and others through letter writing, visits and telephone contact. Further, CNYPC supports contact under conditions that protect the resident, staff, public, honor resident confidentiality, and preserve the secure therapeutic environment.

Telephone use for CNYPC residents is available through a secure phone system. With the exception of exempt attorney calls, all resident telephone access will be through the secure phone system. Participation in the use of the secure phone system is a privilege and may be restricted should a resident's behavior become disruptive to the therapeutic environment or pose a threat to safety and security. Staff may terminate phone calls under such circumstances. Residents may regain phone call privileges should they lose their privileges for disruptive behavior.

CNYPC-SOTP residents may refer to SOTP Policy 5.15 Resident Telephone Use for further information regarding resident phone usage.

LEGAL CALLS: Residents have access to incoming legal phone calls on each unit. Residents can only utilize this phone for legal calls to their attorney; MHLS or Private Attorneys. The unit legal phone is not part of the calling card program. **CNYPC SOTP Staff members will afford SOTP residents the opportunity to have confidential communications with their attorney, including facilitating use of the unit legal phone. Staff members will refrain from listening to conversations between SOTP residents and their attorneys or commenting on such communications.**

MAIL AND PACKAGES

Refer to SOTP Policy 5.0 Resident Mail and Packages procedural information for incoming and outgoing mail and packages. Residents must adhere to the approved Resident Property and Media Grids. These documents are updated and distributed to each living unit for reference. Notations on these documents identify the route property and media may be obtained.

All mail to residents should be sent to:

Resident Name, Resident C#
Central New York Psychiatric Center SOTP
PO Box 300
Marcy, NY 13403-0300

ACCESS TO MEDICAL DOCTOR

SOTP residents must submit a written request to see the Medical Doctor/Nurse Practitioner and place in designated medical mailbox. The nurse will speak with the resident to determine if the need is immediate/emergency. The nurse then makes arrangements for the resident to be seen by the Medical Specialist.

NOTARY SERVICES

Notary services are available free of charge for those items which require notary. This is available to all SOTP residents. Residents can access this service once per week at a designated time and location.

PHOTOCOPIES FROM SOTP COPY CENTER

Photocopies may be requested by submitting a copy center request form and disbursement form to the Treatment Team Leader. The item to be copied must be attached to the disbursement form and approved by the treatment team. Copies of your

legal record can only be obtained through the CNYPC, HIMS department at the cost per page established by the HIM department. Copies of your legal record cannot be processed through the SOTP Copy Center.

BANKING AND MONEY

Residents are required to report any outside bank accounts to the CNYPC Business Office.

Residents will be provided with a facility account through the CNYPC Business Office.

No personal checkbooks, debit cards, or credit cards are allowed in the facility.

Residents are not allowed to possess or use cash in CNYPC SOTP.

Checks, money orders and certified checks from family and friends who wish to deposit funds for a resident's use should be mailed directly to the resident. The unit SCTA will initiate the incoming fund process and provide the resident with a receipt of funds. The CNYPC Business Office does not credit funds from personal checks to the resident's account for a minimum of 10 days but may take up to 17 days to allow the check to clear. Residents are reminded that the U.S. Postal Service directs that cash should never be sent through the mail.

The correspondent must ensure that the resident for whom the funds are intended is identified by full name and "C" number.

An official receipt for all money received is provided to the resident.

All financial transactions (copying, purchasing from vendors, commissary, etc.) will be made through deductions from this account.

Financial transactions of any kind between residents are prohibited.

DISBURSEMENTS

SOTP residents use disbursement forms to draw money/funds from personal CNYPC accounts.

Disbursement forms are required to when the use of funds is necessary to pay for a mail order item or sending funds elsewhere from their personal CNYPC account funds. SOTP resident requests to utilize personal account funds for purchases to an outside vendor for goods or services need to go in front of the treatment team for consideration. The Treatment Team Leader (TTL) signs the disbursement form for each mailing that adheres to the general resident mail policy. The TTL will then insure the mail is

forwarded to the CNYPC mailroom. Mail may be restricted from being sent if the treatment team perceives there is a threat to safety and security or to prevent another person receiving unsolicited and unwanted mail.

The treatment team will review disbursements for personal expenditures requested by residents within 30 days. The treatment team will consider each request for compliance with what is allowed per property grid and adherence to the resident mail policy.

PERSONAL BELONGINGS

Personal possessions must be stored neatly in the space allowed. Exceptions are items that would regularly be placed on a desk such as pictures. Residents are not allowed to possess items that are considered to be contraband. Possession of another resident's personal property is prohibited, said property is considered contraband and will be treated as such. Residents are encouraged to review SOTP Policy 6.2 Resident Dorm Room for further information regarding the monitoring of dorm room inventory.

Storage Limits:

- One – 25-gallon storage container for long-term storage. To remain in SOTP Property Room. (Resident must complete requisition with requested items and submit to staff for approval before access).
- One – 12-quart container for food items which may be secured lockable footlocker. Food items stored in the dorm rooms should remain sealed until eaten. Food that is opened must be consumed immediately and will not require refrigeration.
- One – 6-quart clear container for hygiene items.
- One – 12-quart clear container for non-food items.
- One – 56-quart container for in-room storage. *Optional for resident purchase through specified vendor.
- One – 20-gallon lockable footlocker. Resident may purchase upon discharge.

Routine dorm room property reviews will be conducted on each unit monthly to ensure that all residents are adhering to the property limits listed on the Resident Property Grid. All residents are responsible for the proper storage of personal property and adherence to property limits, consistent the guidelines noted on the Resident Property Grid. Excess personal property of the resident that is not illegal, counter-therapeutic or a perishable item shall be mailed out of the facility at the resident's expense, picked up at the facility by an approved visitor, or be disposed of within 60 days.

RELIGIOUS SERVICES

Religious services will be provided by the CNYPC SOTP as staffing and operational concerns permit. Upon admission to the SOTP residents must complete a Religious Designation Form. Residents are allowed to change their religious designation once per year, 30 days prior to the end of the Spring Semester. Residents may designate only one religion. Religious changes will become effective on the first day of the Summer Mall Semester. No shorts and sunglasses may be worn during religious services. Residents are encouraged to review SOTP policy 5.1 Religion for further information.

CLOSED CIRCUIT AUDIO-VISUAL RECORDING AND MONITORING

In keeping with CNYPC SOTP's mission of promoting a safe, therapeutic and respectful environment for residents and staff, audio-visual cameras are used in common areas, and throughout the program area, including the visiting room. Audio-Visual Cameras may also be used during the SOTP dorm room contraband search procedure. A camera or cameras may be used to record: staff - resident interaction, the condition of dorm rooms before and after searches, and potential contraband.

CONFLICT MEDIATION

Conflict Mediation by a neutral party is available for resolution for peer to peer conflicts. Forms are available on units. Residents are to complete the request form for Conflict Mediation and forward to the Treatment Team.

RESIDENT PHOTOS

Upon resident request, photos are taken with a digital camera on the weekends, typically during visits in the visiting room. For residents who do not get visits, their pictures will be taken (in the visiting center) during non-visit hours. Sunday of every weekend is the designated day for non-visitor photos. Each resident is allowed up to 4 pictures per month, which will be tracked by the staff person printing out the pictures. Please see SOTP Policy 5.7 Resident Photos for Personal Use for additional information. The resident must complete a disbursement form and submit the form to the Treatment Team Leader (TTL) for approval prior to the picture shoot.

Photo criteria:

- Photos may not be taken with other residents or friends/family members of other residents.
- Photos of children are prohibited, unless pre-approved by the Treatment Team.
- Resident and visitor(s) must be appropriately dressed.
- No gang related displays and/or inappropriate gestures or postures.
- No lap sitting.

- Photos are for the resident and/or the family's use.
- Photos are not to be shared between residents.
- Physical contact of holding hands or placing an arm around each shoulder is allowed between the resident and the visitor(s) for the photo.

PERSONAL NEEDS ALLOWANCE

Personal Needs Allowance (PNA) provides individuals residing in Office of Mental Health (OMH) facilities with funds which allow them to provide for their personal needs. Determination for eligibility of PNA funds is completed through The Patient Resources Office (PRO) where applications are investigated eligibility confirmed or denied and notification is provided to the resident and the Central New York Psychiatric Center, Business Office (BO). These funds are provided by OMH and are available to eligible residents through Patients Cash Office at the CNYPC. The PNA amount is currently \$35.00 per month. A resident may be eligible for full or partial PNA.

INDIGENT DEFINITION

Indigent resident is defined as an individual who, within 90 days of admission, does not receive PNA (Personal Needs Allowance), has no other source of income or funds (i.e., pensions, personal savings, family or other social support that can assist with clothing needs), is determined to be unable to work, due to reasons other than choosing not to participate in vocational programs (resident worker program) and/or have not accumulated funds in excess of \$50 during a 30-day period.

CHART REVIEW

SOTP residents are provided with access to their records. Such material may be accessed at days/times determined by the Facility and commensurate with non-programming hours. Residents are required to complete a signed written request to the CNYPC HIM Department to review their record. In that request the resident is required to specify the exact portion of their record they wish to review: i.e. Active Medical Record, purged files, or both as well as specific date ranges of the review.

LIGHTS OUT

All SOTP residents are required to be in their bedrooms upon nightly closure of the unit dayroom. Staff will close the dayroom, kitchenettes and showers on the resident living units at midnight. All residents are required to vacate the kitchenette, dayroom and shower areas at the time of closure. The kitchenettes, dayrooms and showers are open for resident movement at 6 am.

BARBER SERVICES

Barber Services are provided to the residents of SOTP. The Barber schedule is posted on each unit.

OFF GROUNDS TRANSPORT

Mental Hygiene Law Article 10 specifically acknowledges that at times, SOTP residents will require escort to off-grounds destinations.

However, Section 10.10(c) of the Mental Hygiene Law specifically provides that appropriate safety and security measures will be employed as deemed necessary to ensure the safety of the public in the transport of persons committed or undergoing any proceedings under Mental Hygiene Law Article 10. This provision of law reflects the reality that all escorts must be accomplished in a way which maximizes resident's safety, ensures the safety of staff and the general public.

- Safety & security devices will be used for all SOTP resident transports. Additionally, other existing security provisions may be put in place. These devices include, but are not limited to, handcuffs, transport belts, leg irons, a wrist-to-belt device, seat belt and a black or blue box. Additionally, other existing security provisions may be put in place, including provisions requiring SOTP residents to wear specific clothing (e.g. khaki pants and red shirt, jumpsuits). Prior to application of a safety & security device, residents must be searched for weapons or other contraband before being placed in a transport vehicle.
- Residents and their families are not to be informed of outside movement times and locations prior to actual transport.
- The resident must at all times remain within the field of view of the transport staff.
- All safety & security devices will be immediately removed upon return to the facility. Following the removal of any safety & security device, the SSO will perform a pat (frisk) search, in accordance with official OMH policy PC-711.
- All residents are required to wear a seat belt during transportation.

VOTING

Residents may vote if they meet the Conditions of Oneida County Board of Elections. Forms are available by writing:

Oneida County Board of Elections
321 Main St. #3
Utica, New York 13501

Resident Concern Form

Resident Name: _____ Date: _____

(This form is only to be completed by the person with the concern; form is not to be completed by one person for another.)

Unit: _____

Nature of Concern:

Problem Solving**Suggested solution to concern:**

Potential obstacles:

Follow up and date:

Resident Concern Appeal Form

Resident Name: _____ Date: _____

(This form is only to be completed by the person with the concern; form is not to be completed by one person for another.)

Unit: _____

Date of response to original concern: _____

I am appealing the response to my original concern because:

Follow up and date:

RESIDENT REQUEST FOR STAFF MEETING

Resident: _____ Unit: _____

Date: _____

Staff member(s) I would like to meet with: _____

I would like to meet to discuss the following:

Place this form in outgoing mailbox on living unit.

DATE RECEIVED: _____

CNYPC CONFLICT MEDIATION REQUEST FORM

NAME OF PERSON MAKING THE REQUEST

NAME OF PERSON (S) WITH WHOM THERE IS A CONFLICT

Brief explanation of the nature of the conflict

Date Form Completed _____

Signature of Requestor _____

Date of review by Conflict Mediation Team _____

Actions Taken☐ Accepted for potential mediation☐ Not accepted for potential mediation

Situation referred to:

☐ First party Interviewed

Name _____

Date _____

☐ Second Party Interviewed

Name _____

Date _____

☐ Mediation not scheduled due to
disinterest by one or both parties☐ Conflict Mediation session scheduled

Date _____ Time _____